

A circular stamp with the words "U.S. PATENT & TRADEMARK OFFICE" around the perimeter. The center contains the date "APR 28 2004" and the file number "03-SC15A".

.03560.002502.

## PATENT APPLICATION

8/B  
ION 5-4-04  
NP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

MINORU HAYASAKI

Application No.: 09/449,972

Filed: November 26, 1999

For: IMAGE PROCESSING APPARATUS,  
AND IMAGE COMMUNICATION  
APPARATUS FOR PROTECTING  
IMAGE INFORMATION, AND  
METHOD FOR CONTROLLING THE  
SAME

Examiner: Melanie M. Vida

April 27, 2004

RECEIVED

APR 30 2004

Technology Center 2600

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT

Sir:

In response to the Office Action dated April 6, 2004, please amend this application as follows. The claim amendments are reflected in the listing that begins at page 2.  
The remarks begin at page 7.



2697

In re Application of:

Docket No. 03560.002502

MINORU HAYASHI

Application No.: 09/449,972

Examiner: Melanie M. Vida

Filed: November 26, 1999

Group Art Unit: 2697

For: IMAGE PROCESSING APPARATUS, AND  
IMAGE COMMUNICATION APPARATUS  
FOR PROTECTING IMAGE INFORMATION,  
AND METHOD FOR CONTROLLING THE  
SAME

Date: April 27, 2004

RECEIVED

APR 30 2004

Technology Center 2600

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 16	MINUS	** 20	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$43 \$86	\$ 0
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

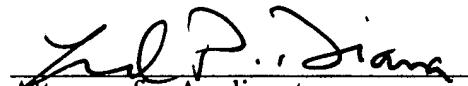
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

 Verified Statement claiming small entity status is enclosed, if not filed previously.

- Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$ \_\_\_\_\_ is enclosed.
- Charge \$ \_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$ \_\_\_\_\_ to cover the fee for a \_\_\_ -month extension is enclosed.
- A check in the amount of \$ \_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Attorney for Applicant

Registration No. 78,296

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3800  
Facsimile: (212) 218-2200

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